(BPD) August, 1991

Attachment 2.2-A

Page 1 of 26 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State of VIRGINIA |
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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS.

| Agency* | Citation | | | Groups Covered |
|-----------|----------------------|-----------|----------|--|
| The follo | wing groups are cove | red under | this pla | an. |
| | | A. | | datory Coverage - Categorically Needy and Other Required cial Groups |
| IV-A | 42 CFR 435.110 | | 1. | Recipients of AFDC |
| | | | | The approved State AFDC plan includes: |
| | | | | Families with an unemployed parent for the mandatory 6-month period and an optional extension of 0 months. |
| | | | | Pregnant women with no other eligible children. |
| | | | | AFDC children age 18 who are full-time students in a secondary school or in the equivalent leve of vocational or technical training. |
| | | | | The standards for AFDC payments are listed in Supplement 1 of <u>ATTACHMENT 2.6-A</u> . |
| V-A | 42 CFR 435.115 | | 2. | Deemed Recipients of AFDC |
| | | | | a. Individuals denied a title IV-A cash paymen solely because the amount would be less than \$10. |

Agency that determines eligibility for coverage.

| TN No. | 93-04 | Approval Date | 01-03-94 | Effective Date | 06-16-93 |
|------------|-------|---------------|----------|----------------|----------|
| Supersedes | | • | | - | |
| TN No. | 90-21 | | | HCFA ID: | 7983E |

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

| Agency* | Citation | Groups Covered | | | | | |
|---------|--|----------------|--|--|--|--|--|
| IV-A | | A. | Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) | | | | |
| | | | 2. I | Deemed Recipients of AFDC | | | |
| | 1902(a)(10)(A)(i)(I) of the Act | | t | Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with §482(e)(6) of the Act. | | | |
| | 402(a)(22)(A) of the Act | | c | Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. | | | |
| | 406(h) and 1902(a)(10)(A)(i)(I) of the Act | | d | An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of §406(h) of the Act. | | | |
| | 1902(a) of the Act, | | e | Individuals deemed to be receiving AFDC who meet the requirements of §473(b)(1) or (2) for whom an adoption of assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act. | | | |

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State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

| Agency* | Citation | | Groups Covered |
|---------|--|----|--|
| | | Α. | Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) |
| IV-A | 407(b), 1902(a)(10)(A)(i) and 1905(m)(1) of the Act | | Qualified Family Members Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under §407 of the Act because the principal wage earner is unemployed. Qualified family members are not included because cash assistance payments may be made |
| IV-A | 1902(a)(52) and 1925 of the Act | | to families with unemployed parents for 12 months per calendar year. 4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with §1925 of the Act. |

* Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

| Agency* | Citation | Groups Covered | | | | | | |
|---------|----------------|----------------|----|------------------------|---|---|--|--|
| | | Α. | | atory Cov s (Contin | _ | Categorically Needy and Other Required Special | | |
| IV-A | 42 CFR 435.113 | | 5. | eligibi | to are ineligible for AFDC solely because of irements that are specifically prohibited under luded are: | | | |
| | | | | a. | | ies denied AFDC solely because of income and rees deemed to be available from | | |
| | | | | | (1) | Stepparents who are not legally liable for support of stepchildren under a State law of general applicability; | | |
| | | | | | (2) | Grandparents; | | |
| | | | | | (3) | Legal guardians; and | | |
| | | | | | (4) | Individual alien sponsors (who are not spouses of the individual or the individual's parent); | | |
| | | | | b. | involu | ies denied AFDC solely because of the intary inclusion of siblings who have income sources of their own in the filing unit. | | |
| | | | | c. | | ies denied AFDC because the family transferred urce without receiving adequate compensation. | | |

TN No. 95-16 Approval Date M. 3 1 1996 Effective Date 11-01-95 TN No. <u>93-04</u>

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State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

| Agency* | Agency* Citation | | Groups Covered | | | | |
|---------|---------------------------------|----|----------------|-------------------|--|--|--|
| | | A. | | - | overage - Categorically Needy and Other Required (Continued) | | |
| IV-A | 42 CFR 435.114 | | 6. | the inc 1, 197 | duals who would be eligible for AFDC except for creases in OASDI benefits under P.L. 92-336 (July 22), who were entitled to OASDI in August, 1972, ho were receiving cash assistance in August 1972. | | |
| | | | | X | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in the State's August 1972 plan). | | |
| | | | | X | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). | | |
| | | | | | Not applicable with respect to intermediate care facilities; State did or does not cover this service. | | |
| IV-A | 1902(a)(10)(A)(i) | | 7. | Qualit | Tied Pregnant Women and Children. | | |
| | (III) and 1905(n) of the Act | | | a. | A pregnant woman whose pregnancy has been medically verified who | | |
| | | | | | (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her; | | |

* Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY Citation Groups Covered Agency Mandatory Coverage - Categorically Needs and Other Required Α. Special Groups (Continued) 7. (2)Is a member of a family that would be a. eligible for and to families with dependent children of unemployed parents if the State had an AFDCunemployed parents program: or (3)Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan. b. Children born after September 30, 1983 who are 1902(a)(10)(A)(i)under age 19 and who would be eligible for an (III) and 1905(n) of AFDC cash payment on the basis of the income the Act and resource requirements of the State's approved AFDC plan. X Children born after September 30, 1973 (specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan. Supplement 8a and 8b to Attachment 2.6A describe the more liberal methods

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of treating income and resources under

Section 1902(r)(2) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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| | COVERAGE AND CONDITIONS OF ELIGIBILITY | | | | |
|--------|--|----------------|----|-------------------------------------|--|
| Agency | Citation | Groups Covered | | | |
| | | A. | | | verage - Categorically Needy and Other Required (Continued) |
| | 1902(a)(10)(A)(i) (IV) and 1902(l)(1)(A) and (B) of the Act | | 8. | family level w and 19 this | nt women and infants under 1 year of age with incomes up to 133 percent of the Federal poverty tho are described in section 1902(a) (10)(A)(i)(IV) 02(I)(A) and (B) of the Act. The income level for group is specified in Supplement 1 to CHMENT 2.6-A. |
| | | | | | The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989. |
| | 1902(a)(10)(A)(i) | | 9. | Childre | en: |
| | (VI) 1902(I)(1)(C) of the Act | | | a. | who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels. |
| | 1902(a)(10)(A)(i) (VII) and 1902(1)(1)(D) of the Act | | | b. | born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels. |
| | | | | | e levels for these groups are specified in ment 1 to ATTACHMENT 2.6-A. |

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

| Agency | Citation | Groups Covered | | | | |
|--------|---|----------------|--|--|--|--|
| | | | Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) | | | |
| | 1902(a)(10)(A)(i)(V) and 1905(m) of the Act | | 10. | childre family of the section | Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC. | |
| | 1902(e)(5) of the Act | | 11. | a. | A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls. | |
| | 1902(e)(6) of the Act | | | b. | A pregnant women who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends. | |

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State | of | VΙ | R | G | INI | A |
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COVERAGE AND CONDITIONS OF ELIGIBILITY

| Agency | Citation | Groups Covered | | | | |
|--------|-----------------------|----------------|--|--|--|--|
| | | Α. | Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) | | | |
| | 1902(e)(4) of the Act | | 12. | A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother. | | |
| | 42 CFR 435.120 | | 13. | Aged, Blind and Disabled Individuals Receiving Cash Assistance | | |
| | | | | a. Individuals receiving SSI. | | |
| | | | | This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. | | |
| | | | | ☐ Aged ☐ Blind ☐ Disabled | | |

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

| Agency* Citation | | | Groups Covered | | | | | |
|------------------|-------------------------------|----|----------------|----|--|--|--|--|
| | | A. | | - | overage - Categorically Needy and Other Required os (Continued) | | | |
| IV-A | 435.121 1619(b)(1) of the Act | X | 13. | b. | Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under §1619(a) of the Act or who meet the eligibility requirements for SSI status under §1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under §1619(a) or met the requirements under §1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of §1619(b) of the Act.) | | | |
| | | | | | ☒ Aged☒ Blind☒ Disabled | | | |
| | | | | | The more restrictive categorical eligibility criteria are described below: | | | |

See Supplement 2 to Attachment 2.2 A

(Financial criteria are described in ATTACHMENT 2.6-A).

| * Agen | cy that detern | nines eligibility for coverage. | | |
|--------|----------------|---------------------------------|----------|--|
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